

GENERAL INFORMATION/INSTRUCTIONS FOR FILING MESSAGE THERAPY ESTABLISHMENT

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

- A "Message Therapy Establishment" is defined as premises occupied and used for the purpose of practicing massage or massage therapy training; provided that when any massage therapy establishment is situated in any building used for residential therapy purposes, the massage therapy establishment premises shall be set apart and shall not be used for any other purpose.
- No massage establishment shall be licensed or allowed to operate unless the massage business is under the direct management of a massage therapist designated as the principal massage therapist and the name of the person has been recorded with the board's office. **All subsequent changes in personnel must be reported to the Board in writing within forty-eight (48) hours of the change on a "Change of Personnel for Massage Therapy Establishments" form MA-12.** Contact the Board's office for form or you may download the form from our website at: www.hawaii.gov/dcca/areas/pvl.
- **Message therapy laws, Chapter 452, Hawaii Revised Statutes, and rules, Chapter 84, Hawaii Administrative Rules**, may be obtained by sending a written request to the Board's address below. Indicate the specific chapter in your request.
The laws and rules are also posted on our website at: www.hawaii.gov/dcca/areas/pvl. Click on "Message Therapy." Then click on "Statutes/Rule Chapter" in the yellow box to the right.
- Mail the completed application and required documents to:

Board of Massage Therapy
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

or

335 Merchant St., Room 301
Honolulu, HI 96813

Phone: (808) 586-3000
- **RELOCATION**
If filing for relocation of your current massage establishment, complete and file the attached application together with a copy of the "Sanitation Clearance" issued by the State Department of Health after inspection. Inspection reports are not acceptable. **The name and address on this sanitation clearance or permit must be exactly the same as the "name and location of business" that you provided on the application form.**

Attach the non-refundable application fee of \$25.
- It is your responsibility to keep the board informed of all address changes.

FEES

ATTACH APPROPRIATE FEES MADE PAYABLE TO: COMMERCE & CONSUMER AFFAIRS

If your license is issued between July 1, **even-numbered** years and June 30, odd-numbered years, pay\$145
(Application-**\$25, License-\$25, Compliance Resolution Fund-\$70, 1/2-Renewal fee-\$25), **OR**

If your license is issued between July 1, **odd-numbered** years and June 30, even-numbered years, pay\$85*
(Application-**\$25, License-\$25, Compliance Resolution Fund-\$35).

Relocation (same owner but in a different location) Application \$25\$25

*Subject to renewal by June 30 (even-numbered years).

** non-refundable application fee

Note: One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

REQUIREMENTS FOR LICENSE - MASSAGE THERAPY ESTABLISHMENT

APPLICANTS ARE SUBJECT TO REQUIREMENTS IN EFFECT AT THE TIME OF FILING.

- **Attach** a copy of the "Sanitation Clearance" issued **not more than one year ago** by the State Department of Health after inspection. Inspection reports are not acceptable. **The name and address on this sanitation clearance must be exactly the same as the "Name" and "Business Location" that you provided on the application form.** *Contact the Department of Health, Sanitation Branch to schedule your inspection.*

Oahu: (808) 586-8000

Hilo: (808) 933-0917

Kona: (808) 322-1507

Maui: (808) 984-8230

Kauai: (808) 241-3323

Molokai/Lanai: (808) 553-3200

- **ENTITY REGISTRATION:** If the application is for a corporation, partnership, LLC or LLP, **submit** the following proof to show that the entity is properly registered with the Business Registration Division (BREG), Department of Commerce and Consumer Affairs, State of Hawaii. Call them at: **(808) 586-2727** or visit their website at: www.businessregistrations.com/home.html to order Certificates of Good Standing, forms, etc.
 - If the entity has been registered in this state for LESS THAN ONE (1) YEAR, **ATTACH** a "filed-stamped" copy of the registration document filed with BREG, or the same certificate mentioned below.
 - If the entity has been registered in this state for MORE THAN ONE (1) YEAR, **ATTACH** a **current** "Certificate of Good Standing", issued no more than one (1) year ago.
- **TRADE NAME:** If you will be using a trade name, it is suggested that you check with the Department of Commerce and Consumer Affairs, Business Registration Division, and the Hawaii State Tax Department, to see if the trade name is already registered.

SOCIAL SECURITY NUMBER

Your social security number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued you must provide your social security number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your social security number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666 (a)(13) requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the social security number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and

§436B-10(4) HRS which states that an applicant for license shall provide the applicant's social security number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the social security number).

Instructions for "Yes" Answers to Questions (4) through (6) of the Application for License (MA-02).

- A. The following documentation must be submitted with the license application. Applications for license will not be considered without this material.
 - 1) Questions 4 and 5 refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is "yes" to one or more of these questions, read paragraph "B" below, **AND** you must **submit** the following:

- i. A statement signed by you explaining the circumstances; and
 - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, and any other relevant documents;
- 2) If your application indicates a criminal conviction, read paragraph "B" below, and you must submit the following:
 - i. A statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended;
 - ii. A copy of the court order, verdict, and terms of sentence; and
 - iii. If applicable, a copy of the terms of probation and/or parole and a statement from your probation or parole officer as to your compliance with the court orders;
 - iv. A current criminal history record check in your name from the state where the conviction occurred and the state where you currently reside, if different. In Hawaii you may obtain a criminal history record check from the Hawaii Criminal Justice Data Center. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao'a Building, 465 S. King Street, Rm. 101, Honolulu, HI 96813. Ph: (808) 587-3100 or visit their website at: www.hawaii.gov/hcjdc to request a "Criminal History Record Check" form.
- B. If you answered "yes" to questions (4) through (6), your application will be reviewed at a Board meeting **if you have provided all applicable information and documents as described above**. The Board will not review incomplete applications. If you wish to present oral testimony at the Meeting, submit a written request with your application.

- **ABANDONMENT OF APPLICATION**

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

- **RELEASE OF INFORMATION**

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign and date it.

Type or print legibly in black ink .		FOR OFFICE USE ONLY	Approval/Date:	
Circle type of BUSINESS ENTITY:			Date Effective	License No.
INDIVIDUAL (Sole Owner) CORPORATION PARTNERSHIP			MAE-	
LIMITED LIABILITY CO. (LLC) LIMITED LIABILITY PARTNERSHIP (LLP)				
Name of Applicant (First-Middle-LAST; or name of corporation, partnership, LLC or LLP):				
Trade Name (if any)				
Business Location Address (include Suite No., City, State & Zip Code)				
Mailing Address (ONLY if different from Business Location)		Check type of APPLICATION being made:		
Social Security No. (Individual)		[] NEW LICENSE.		
Phone No. (days)		[] RELOCATION: Same owner but in a different location.		
PRINCIPAL MESSAGE THERAPIST	Name (First, Middle, LAST)	License No.	Expiration Date of License:	Phone No. (days)
	Name (First, Middle, LAST)	License No.	Expiration Date of License:	Phone No. (days)

ACKNOWLEDGEMENT:

I do hereby acknowledge that I will be the principal massage therapist for this establishment. I also acknowledge that I have read and do understand the statutes and rules of the Massage Therapy Board, and my responsibilities.

Signature of Principal Therapist	Date	Signature of Principal Therapist	Date
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MAT	List NAME and LICENSE NUMBERS of all Massage Therapists who will be working for or associated with this firm:
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The following questions pertain to the applicant and any persons (principal massage therapist(s), officers, directors, managements, partners, etc.) responsible for the massage therapy establishment. Circle answers. If response is "Yes" to questions 4 to 6, refer to the instructions for additional documents that must be submitted with this application.

1) Are you at least 18 years of age? YES NO

2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO

3) Have you ever held a massage therapy establishment license in Hawaii?..... YES NO

Name under which license was issued _____ Date of License _____ Lic. No. MAE- _____

4) Has any license ever been suspended, revoked or otherwise subject to disciplinary actions? YES NO

5) Are there any disciplinary actions pending against you? YES NO

6) In the past 20 years, have the owner, officers and directors, partners, managers or members ever been convicted of a crime in which the conviction has not been annulled or expunged? YES NO

IF APPLICATION IS FOR A CORPORATION, PARTNERSHIP, LLC, OR LLP, THE REVERSE SIDE MUST BE COMPLETED.

AFFIDAVIT OF APPLICANT:

I hereby certify that the answers and statements contained in this application and the documents attached are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 452-24, Sections 436B-19 and 452-24 Hawaii Revised Statutes), and/or grounds for criminal prosecution (Section 710-1017, Hawaii Revised Statutes). I further certify that I have read, understand, and shall obey all laws and rules pertaining to the Board of Massage Therapy.

Date

Applicant's Signature

Title

App..... 295 \$25

Lic 298 \$25

CRF..... 299 \$35/\$70

1/2 Ren 290 \$25

Service Charge ... BCF \$25

Name of Applicant:

	NAME (First-MI-Last)	ADDRESS (include zip code)
OFFICERS OF CORPORATION, PARTNERS, MANAGERS OR MEMBERS	President, Partner, Manager or Member	<u>Present Residence</u> Address
	Social Security No.	<u>Present Business</u> Address
	Vice-President, Partner, Manager or Member	<u>Present Residence</u> Address
	Social Security No.	<u>Present Business</u> Address
	Secretary, Partner, Manager or Member	<u>Present Residence</u> Address
	Social Security No.	<u>Present Business</u> Address
	Treasurer, Partner, Manager or Member	<u>Present Residence</u> Address
	Social Security No.	<u>Present Business</u> Address

Release of Information to Third Party:

To assist me in the licensing process, I authorize the staff to release any and all information regarding my application (including but not limited to, application status) to:

Print Name of Individual who is assisting you: _____

Signature of Applicant

Date

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO THE APPLICANT.

HAVE YOU REMEMBERED TO:

1. Sign application.
2. **Attach** your check made payable to COMMERCE AND CONSUMER AFFAIRS in the appropriate amount.
3. **Attach** a current sanitation clearance issued by the State Department of Health.
4. Have your principal massage therapist sign the "Acknowledgement of Principal Therapist."
5. **Attach** evidence of registration as an entity in Hawaii.
6. Indicate the type of license you are applying for.
7. Complete page 2 of the application form **if** you are an entity.